

DHR PARTNERSHIPS WITH CHILDREN, THEIR FAMILIES, AND PROVIDERS

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I. INTRODUCTION

A. Purpose

This policy identifies ways in which partnerships will be developed among families, children, DHR and providers in order to enhance service planning and delivery and to promote achievement of Decree goals for children and their families.

B. General Principles

These policies have been developed to comply with the following operating principles or standards of the R.C. Consent Decree.

VIII. 38. Class members and their families shall be encouraged and supported to access services. To this end, the "system of care" shall develop and implement strategies to promote the utilization of services by class members and their families. These strategies shall include the use of community aides, the provision of transportation services, the development of ethnically and culturally sensitive services, and referral to peer support groups. When class members or their families refuse or fail to access services, the reasons for their doing so shall be assessed and the services that have been offered shall be modified or alternative services shall be offered to encourage acceptance of services.

42. Class members, parents, and foster parents shall be accurately and timely informed, in language understandable to them, concerning: rights under the decree (including the right to be treated in accordance with the "principles" or "standards"); the goal for the class member; individualized service plans, including objectives; services, including placements; and options.

43. Class members, parents, and foster parents shall be encouraged and assisted to articulate their own strengths and needs, the goals they are seeking for themselves, and what services they think are required to meet these goals.

44. Class members, their parents, and foster parents shall be involved in the planning and delivery of services, in accordance with paragraphs (a)-(d) below. The right of class members, parents, and foster parents to participate in treatment planning and delivery may be restricted only according to a specified administrative process. DHR shall promulgate a policy, acceptable to both parties, describing under what circumstances and according to what procedures restrictions may be imposed.

a. The class member shall be treated as a partner in the planning and delivery of services if the class member is age 10 or older and, if the class member is under the age of 10, when possible.

b. The class member's parents shall be treated as partners in the planning and delivery of services if the class member is living at home or if the goal is for the class member to return home.

c. Foster parents shall be treated as partners in the planning and delivery of services whether or not the goal for the class member is to return home.

- d. When necessary, services shall be provided class members and parents to enable them to participate as partners. Such services shall include transportation assistance, advance discussions, and assistance with understanding written materials.

59. Class members, parents and foster parents shall be made aware, in an effective manner, of the availability of advocacy services to assist them in protecting and advancing their rights and entitlements.

C. Glossary

Administrative Review - A review of the child and family case plan for each child in a foster care placement completed every six months by a panel comprised of:

1. Age appropriate child and his or her parents.
2. Other individuals involved in the planning and delivery of services.
3. Individual not directly involved in the direct line of service planning or delivery for the child and family.

Age Appropriate Child - A child age 10 and older (except a child with severe mental retardation), or a child under age 10 who is intellectually capable of understanding and communicating ideas and opinions concerning the subject matter being discussed or considered.

Appropriate Member of the System of Care - A DHR staff person, service provider or foster care provider whose knowledge of a particular child and family allows them to meaningfully participate in meetings called by other agencies to plan or evaluate services for a child or family, and to advocate on the child's or family's behalf.

Child and Family Planning Team - The individuals involved in planning services with the child and family. The team should include the parents, the child, if age appropriate, others requested by the family or child, the DHR worker, the foster care provider and other service providers if any.

Child's Home - The physical environment or location of the family unit in which the child (a) resides or (b) was residing with a caretaker in a significant relationship prior to removal or transfer of custody.

Cultural Competence - The ability of individuals and systems to provide services effectively to people of different cultures, races, ethnicity, backgrounds and religions in a manner that recognizes, values, affirms, and respects the worth of individuals, and protects and preserves their dignity.

Emergency Situation - A situation where the child is at imminent risk of serious harm and action to protect the child must be taken before a child and family planning team can be convened to develop an ISP or revise an existing ISP.

Family - A biological, adoptive or self-created unit of people residing together consisting of an adult(s) and child(ren) with the adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings and others with significant attachments to the child living outside of the home are included in the definition of family.

Foster Care Provider - A provider of out-of-home care for a child in any of the following settings; the home of relatives (kinship care) or neighbors, a foster family home, a therapeutic foster family home, a group home, a shelter home, a child care institution, a hospital or other residential facility.

Foster Parent - A foster care provider delivering care in any of the following settings: the home of a relative (kinship care) or neighbor, a foster family home, or a therapeutic foster family home.

Parent - A father or mother, an individual appointed as legal custodian or guardian or an individual acting as a father or mother. This may include but is not limited to a relative rearing the child for an absent family member, a godparent assuming a parent's role when the parent is deceased, etc.

Permanency Goal- The permanent living situation for the child that the child's ISP is designed to achieve. Permanency goals include, in order of preference:

- (a) child will remain at home
- (b) child will return home
- (c) child will live permanently with relatives
- (d) adoption, independent living, or a long-term placement with an identified foster family.

Provider - Foster care provider, including a residential provider, or service provider.

Open Case - A family and/or a child being served by the Department because of an identifiable risk of harm to the child.

Residential Provider - A foster care provider other than a foster parent, including any provider delivering care in any of the following licensed or licensed exempt settings: group home, child placing agency, child care institution, DYS facility, DMH facility.

Safety - Protection from physical injury or sex-related abuse.

Safety Plan - A plan for protecting a child in an emergency situation, developed in partnership with the family and the age appropriate child when possible.

Service Providers - Individuals, families, agencies, or organizations that provide or could provide a service or services to children and families.

Summary Withdrawal of Service, Summary Discharge From A Placement - Removal of a service or discharge from a placement without opportunity for the child and family planning team to plan and provide an appropriate alternate service or placement.

D. Court Orders

Court orders must be followed.

Sometimes there will be an existing court order (often from a divorce proceeding) in place at the time an ISP is being developed for a child and family. The existing order must be followed until modified or lifted. However, DHR must seek to have the order lifted or modified if it substantially inhibits attainment of the child's permanency goal, or imposes requirements inconsistent with R.C.

Sometimes, after an ISP has been developed, the court will order additional services, lift restrictions, or impose additional restrictions. These court orders must be followed. However, DHR must seek to have the order lifted or modified if it substantially inhibits attainment of the child's permanency goal, or imposes requirements inconsistent with R.C.

If the court refuses to modify or lift an order as requested, the county DHR will inform the Division of Family and Children's Services. If the Division concurs that the court order is inconsistent with R.C., the Division will take appropriate action.

II. PARTNERSHIPS IN PLANNING AND EVALUATING SERVICES

A. Overview

Partnership means both (a) genuinely collaborative decision-making shared by family members, the child, DHR, the foster care provider and service providers, and (b) providing the support to the family and child necessary to make such collaboration possible.

Children, parents, and other family members will be treated as partners by DHR staff, service providers and foster care providers in the planning, delivery and evaluation of services. Necessary steps will be taken to enable the child, parents and other family members to meaningfully participate in these processes.

Every meeting held to develop or update an individualized service plan (ISP) or to otherwise plan for service delivery to the child and family should be attended by the age appropriate child, the parent(s) if available, and involved service providers and foster care providers. Necessary steps will be taken by DHR to promote the family's participation in all meetings relevant to them.

B. Facilitating Participation in Child and Family Planning Team Meetings and Other Meetings to Plan and Evaluate Services

Every effort will be made to have family members and the age appropriate child attend and participate fully in all child and family planning team meetings and other meetings to

plan or evaluate services. They shall be notified in advance of meetings, offered assistance needed to enable their participation, and helped to articulate their strengths, needs, and the interventions that best suit their individual circumstances.

In the ISP process, children and family members shall be informed of the types of services and placements that can be provided for or developed with them, as well as other options available to them. Decisions made in the ISP process will reflect the age appropriate child's and family members' agreement unless the child's immediate needs for safety cannot be met through mutual agreement of the parties. Their agreement in each phase of the service planning process is essential to success, *i.e.*, in identifying strengths and needs, identifying desired goals, matching services to needs, identifying service providers, individualizing the method and frequency of service delivery, evaluating the effectiveness of services, and identifying needed modifications to the ISP.

Families and children shall be prepared and supported to participate in the service planning and evaluation process by the DHR worker, the foster care provider, and other service providers as appropriate. To this end, families will be given a verbal explanation of the service planning and evaluation process, and of their role in it. In addition:

1. Meeting times and locations will be arranged with the participation of the parent, the age appropriate child, DHR, the foster care provider and service providers. Meeting times and locations should be convenient for the parent and child and maximize the participation of members of the child and family planning team. Non-threatening locations should be chosen, and the meeting should be conducted in a way that invites the family's and child's participation, as well as that of other team members. The purpose of each meeting will be clearly explained to participants. The use of agency or professional jargon, acronyms, etc. is to be avoided.
2. Services, including transportation, child care and meals, will be provided as needed to enable attendance and participation of the age appropriate child and family members in meetings. Transportation, child care, and meals may be directly provided, or may be prepaid or reimbursed as appropriate.
3. Families and age appropriate children will be consulted regarding the persons to be invited to attend meetings.

4. Families and children will be given advance preparation for meetings including:

- a. Assistance in: articulating their strengths and needs and the goals they are seeking for themselves, identifying interventions best suited to their individual circumstances, evaluating the effectiveness of current services and identifying needed modifications to the ISP.
- b. Assistance in identifying sensitive or volatile subjects that might be raised in the meeting and in developing effective ways of addressing these subjects at the meeting .
- c. Assistance with understanding written material. Such assistance may be provided by DHR workers, foster care providers, service providers, advocates, relatives, friends, etc.

5. Families and age appropriate children will be encouraged to bring whomever they choose to meetings unless a restriction is imposed by the child and family planning team. Children and parents shall provide DHR with an advocate request in advance of the ISP meeting so that the child welfare staff can provide that advocate with reasonable notice of the meeting date, time, and location. Restrictions must be identified and justified in the child's case record. A person may not be restricted from attending a meeting because of his or her views about strengths, needs, or services, or his or her displeasure with DHR or provider activities.

6. Sources of advocacy and support will be discussed with the family, including:

- a. The family's and child's informal support network, (e.g., extended family, neighbors, friends).
- b. The family's and child's formal network of associates, (e.g., health clinic social worker, AA or NarcAnon volunteer, Guardian Ad Litem, personal attorney, or teacher).
- c. Other families or children who have participated in the service planning and evaluation process.
- d. Formal advocacy organizations, (e.g., Alabama Parents' Support Network, Alabama Disabilities Advocacy Program, local Mental Health Association, legal services program).

The family and child will be helped to link up with advocates in whom they express interest. Names of individuals from other families who have previously participated in the process will not be shared without release of information statements signed by those individuals who are to be referred as advocates.

The parents or children may request to have an advocate of their choice as a participant in any meeting that involves planning and the delivery of services.

The DHR worker shall provide the advocate reasonable notice of the meeting date, time and location (see ISP policy for guidelines). Guardians Ad Litem shall be notified in advance of ISP meetings.

7. Assistance will be provided to afford individuals with disabilities the opportunity to meaningfully participate in meetings. Locations for meetings will be selected that allow easy access for individuals who are physically handicapped. Additionally, assistance shall include signers for individuals who are hearing impaired, interpretation for individuals with a mental disability, reading of written materials for those who cannot read, and written and verbal translations for non-English speaking persons.

8. Service providers and foster care providers are expected to give the DHR worker reasonable advance notice of meetings they sponsor to plan or evaluate services for the child or family. The provider and the DHR worker will agree upon who will be responsible for and how to give notice of the meeting to the age appropriate child, family, and any advocates.

NOTE: Provisions 1-8 apply to all meetings that involve planning or evaluating services related to the child and family's ISP.

9. Families and children will be provided necessary assistance to enable them to enroll and participate in the following entitlement programs: Food Stamp, SSI, Medicaid, Social Security, special education and Individuals With Disabilities Education Act (IDEA) early intervention programs. Assistance given may include but is not limited to the following:

- a. Transportation to attend meetings, apply for programs, or obtain required medical or psychological assessments, may be directly provided or may be prepaid or reimbursed as appropriate.
- b. Assistance with forms completion, letter writing, and interpreting written material will be available as needed. Forms may be completed, letters written and written material interpreted with the family members and the child when requested by them.
- c. An appropriate representative of the system of care shall request to attend, with the age appropriate child and family, all scheduled Individualized Educational Planning (IEP), and Individualized Family Service Planning (IFSP) meetings.
- d. Families and children shall be made aware of advocacy services to assist them in protecting or advancing their right to participate in entitlement programs. DHR is not required to provide legal assistance to children or their families with regard to such programs.

C. Confidentiality

Participants in service planning, delivery and evaluation will be made aware of the importance of maintaining confidentiality and will be asked to sign a confidentiality agreement.

No sharing of confidential information provided by the child, family or others will take place at child and family planning team meetings, or other meetings called by DHR or DHR contractors, without the signed consent of the individuals who provided the information, unless the sharing of information is required to meet an individual's need for safety. The signed consents should be obtained prior to the meeting.

At meetings other than team meetings or meetings called by DHR or DHR contractors, DHR staff and contractors will not disclose confidential information about the family or child without the signed consent of the individuals who provided the confidential information unless the sharing of information is required to meet an individual's need for safety. The signed consents should be obtained prior to the meeting.

Under no circumstances are DHR staff or staff of DHR contractors to discuss information about a family or child outside of the context of service planning, procurement, delivery or evaluation.

III. FACILITATING PARTICIPATION IN COURT AND ADMINISTRATIVE REVIEWS

The current ISP for a child in the custody of the Department and for a child under the supervision of the court will be shared with the court of jurisdiction as part of that court's routine review of the child's case. Appropriate members of the child and family planning team, including family members, are to take every opportunity to provide court representatives with information about content of the ISP and about those involved in and the intent of the ISP process.

Parents and their age appropriate child have the right to be informed of and attend all court proceedings and administrative reviews pertaining to the planning, of services provided by the Division of Family and Children's Services. Every effort will be made to encourage the age appropriate child and his or her parents' attendance and participation in such legal proceedings and reviews. In support of this,

1. Parents and age appropriate children, or their attorneys, shall be notified of court petitions that relate to them filed by DHR and of the purpose and allegations of the petition, unless the court in which the petition is filed enters an order forbidding disclosure of part or all of the petition to the parents or child. DHR may seek such an order when disclosure poses a safety risk. When a court forbids

disclosure of part of a petition, a copy of the petition with that part omitted will be provided.

2. Age appropriate children and their parents shall be notified of the dates, times, locations and reasons for scheduled court hearings and administrative reviews and shall be provided services as needed to enable and encourage their attendance and participation, including necessary transportation, child care and meals.

3. Sources of advocacy and support will be discussed with the parents and child, including:

- a. The family's and child's informal support network,(e.g., extended family, neighbors, friends);
- b. The family's and child's formal network of associates, (e.g., health clinic social worker, AA or NarcAnon volunteer, personal attorney, teacher);
- c. Other families or children who have participated in similar proceedings.
- d. Formal advocacy organizations, (e.g., Alabama Parents' Support Network, Alabama Developmental Disabilities Advocacy Program, local Mental Health Association, legal services programs).

The family and child will be helped to link up with advocates in whom they express interest. Names of individuals from other families who have previously participated in the process will not be shared without a release of information statement signed by those individuals who are to be referred as advocates.

Advocates for the family and child will be given reasonable notice of meeting times and locations.

4. Parents and age appropriate children shall be offered assistance in preparing for court hearings and for administrative reviews. They shall be informed of what to expect at the proceeding, and of what may be expected of them. With permission of legal counsel, the DHR worker or another appropriate member of the system of care may take the parents and/or child on a visit to the courthouse or role play with them.

5. Parents and age appropriate children, or their attorneys, shall be informed in advance of the content and recommendations of DHR's and other's reports to the court or for administrative reviews which pertain to them, unless disclosure of this information poses a safety risk. Copies of all reports will be provided counsel to the parents and child unless the court in which the report is to be filed enters an order forbidding disclosure of part or all of any report to the parents or child. DHR may seek such an order when disclosure poses a safety risk. When a court forbids disclosure of a part of a report, a copy of the report with that part omitted will be provided. Court reports and administrative review reports shall include all

information in DHR's possession that would support a permanency goal of family preservation or reunification.

6. DHR will provide services to enhance opportunities for individuals with disabilities to meaningfully participate in legal proceedings. DHR will provide accessible locations for administrative reviews and will advocate for accessible locations for court proceedings. Meeting locations will afford easy access for individuals who are physically handicapped. Possible services include signers for individuals who are hearing impaired, interpretation for individuals who are mentally impaired, reading of written materials for those who cannot read, and written and verbal translations for non-English speaking people.

IV. RIGHTS OF CHILDREN AND THEIR FAMILIES

A. Overview

Children and their family members are entitled to be treated in accordance with the goals and principles of the R.C. Consent Decree and to be assisted to understand their rights. They are entitled to certain case information pertaining to themselves and to make decisions regarding services they will be provided. All decisions regarding services ultimately rest with the child and family, unless the child's immediate needs for safety will not be met through those services chosen.

B. Notification

In support of advancing their rights, entitlements, and privileges, age appropriate children and their families shall be made aware of their rights and the availability of advocacy services.

Upon opening a case, the DHR worker will give age appropriate children and their parents a copy of a DHR fact sheet detailing their rights accurately and in language understandable to them, and guiding them to available advocacy services. Further, the worker shall explain these rights to the age appropriate children and their parents and the importance of the information to them. The explanation of their rights will be made in language understandable to the children and family. The worker is to inform them of their right to be treated in accordance with the principles or standards outlined within the fact sheet. Parents and children shall also be informed of the existence of the Alabama Parent Support Network, be given an explanation of the advocacy role of this group, and be informed that APSN can be reached through a toll-free number listed on the fact sheet. The fact sheet will provide the names, addresses and telephone numbers of other advocacy organizations.

C. Case Information

Case information will be shared with age appropriate children and their parents in a timely fashion and in understandable language and terms.

1. The DHR worker will respond to all requests for case information from the age appropriate child or parents. The DHR worker will provide the information requested, or explain that the information cannot be provided and give the reasons for withholding the information. The worker will withhold information only: when necessary to protect an individual's safety, when required by applicable federal or state law, when providing the information would substantially inhibit the child's attainment of decree goals including the permanency goal for the child, or when there is another appropriate reason for withholding the information.

When deciding whether to release particular case information, consideration should be given to whether releasing the information would violate the provider of the information's legitimate expectations of privacy.

2. Age appropriate children and their parents will be given a copy of their ISP upon completion, as well as any revisions to the ISP or revised ISPs. Any questions age appropriate children and their parents may have about the ISP or language contained in it will be answered in a timely and accurate fashion.
3. Parents in the child's home or in the home at the time of removal have the right to be informed of all allegations of child abuse or neglect reported to DHR, of the disposition of such reports and the reason for the disposition. This information will be shared with the age appropriate child and parents not in the child's home upon request. The confidentiality of report(s) and reporter(s) must be protected in accordance with state and federal laws.

V. PARTNERSHIP PRACTICES TO ENCOURAGE FAMILY ACCESS TO SERVICES

The child and family planning team will consider the child and family's unique needs and circumstances when designing services with them. Services deemed unsuccessful at time of evaluation will be assessed with the child and family to identify why the service was not successful, including why the child and family may have chosen not to use the service. The service then will be adapted or a new service will be identified or developed to better accommodate the child and family.

The following strategies will be used when planning services with a child or family.

1. Identify needs through a family systems approach by using family and solution focused questions and statements.
2. Begin service planning around those needs that are most important to the family and to the safety of the child.

3. Reach agreement with the age appropriate child and family concerning the desired permanency goal (desired case outcome).
4. Emphasize family strengths and avoiding problem statements during both informal and formal planning and evaluation of services.
5. Aggressively pursue "non-traditional" services to meet the child's and family's needs, including:
 - a. "Natural helpers," (e.g., neighborhood groups such as church groups, neighbors, relatives and friends who may function as aides, coaches, mentors, baby-sitters, respite or transportation providers, etc.).
 - b. Professionals or para-professionals who function outside their traditional roles.
6. Plan services with consideration to the ability of the provider to support the child's and family's racial, ethnic, cultural and religious background.

VI. PARTNERSHIPS BETWEEN DHR AND FAMILIES WHEN CHILDREN ARE IN OUT-OF-HOME CARE

Parents will retain a level of routine parenting responsibility sufficient to sustain the parent/child relationship and to support the attainment of the permanency goal, unless restricted by the child and family planning team. DHR's partnership with the child and family when the child is in out-of-home care will be supported in the following ways.

1. The child and family will be encouraged to identify "natural helpers", who might be available to be a placement resource or service provider. "Natural helpers" include neighbors, relatives, friends and community organizations. They are good sources of crisis intervention services, therapeutic recreational activities and other individualized services. These "natural helpers" will be given first consideration and utilized and funded whenever possible. When utilized they will be given needed training and/or supports.

NOTE: A child shall not be placed by the worker in a foster home that is not licensed. However, as part of a safety plan, the DHR worker may encourage parents to move a child to the home of a relative, neighbor or friend in order to avoid the child's placement in foster care. Before supporting the move as part of a safety plan, the worker must assess whether the child would be safe in the new home. If it is anticipated that the move will be for more than three weeks, DHR will take steps to expedite the approval of the home as a foster home.

2. Siblings will be placed together in accordance with specific policy on sibling placement.
3. Children will be placed in close proximity to their homes in accordance with policy on close proximity of placement. A child or sibling group will be placed in

their own neighborhood or community whenever possible. Such placements will be made to facilitate planning and delivery of family focused, rather than child-focused, services.

4. Parents and/or others significant to the child will be engaged to prepare the child for the move from his home, as well as any change of placement. They will also participate in making the placement if they so choose when in accordance with the ISP. In the rare occasion when there is a need for an emergency placement change, the parents will be notified immediately and participate in the move when possible.
5. The child will frequently visit with family (including siblings in other out-of-home placements) and friends in accordance with the policy on visiting.
6. Telephone and mail contact will be maintained between the child and his or her family and friends in accordance with the policy on telephone and mail communication.
7. Parents and other family members will be encouraged and assisted to participate in school activities. These include but are not limited to: activities designed to smooth the transition to a new school, helping the child select courses or teachers, participating in individual teacher's conferences, Parent/Teacher Association meetings and IEP meetings, sharing in the child's extracurricular activities, and signing report cards.
8. Parents will be encouraged and assisted to participate in health and mental health service planning and delivery for their child. The parents and age appropriate child, with other members of the child and family planning team, will plan for the child's accessing all needed health and mental health services.
 - a. As decided upon in the child and family planning team meeting, the DHR worker or the foster care provider will be designated the responsibility to inform the parents of doctor, dental, health department, mental health counseling and other appointments as soon as these appointments are made. Whenever possible, appointments will be scheduled at a time that will allow parents to accompany their child. The DHR worker will assist the parents in arranging transportation and other services as needed to enable parents to accompany their child. Likewise, transportation assistance and assistance with child care and other services will be provided when needed to allow family members to attend their hospitalized child.
 - b. Consent will be sought from parents for surgery, emergency medical care, or other necessary medical care. If parents refuse, are unavailable, or unable to give consent, DHR may consent to the medical care if the temporary custody order gives DHR the authority to consent or the child is in the permanent custody of DHR. DHR may consent to medical, dental, health and hospital services for an abused or neglected child taken into temporary protective custody during the 72 hour period prior to a hearing.

NOTE: All petitions requesting temporary custody of a child should request that the Department be given the authority to consent to all necessary medical care. Without such authority the Department may only consent to "ordinary medical care." Surgery is not included in the definition of "ordinary medical care." Although parental consent is all that is necessary to authorize medical care and will be sought in the spirit of partnership with parents, an order giving DHR the authority to consent should be obtained from the court whenever possible.

9. The age appropriate child and his or her family shall be encouraged to participate with the foster care provider and worker in the development and ongoing maintenance of the child's lifebook. Lifebook work will begin no later than the second month after the child enters care.
10. Parents will be encouraged and assisted to participate in planning the management of their child's excess personal income, for example, by determining with the foster care provider and age appropriate child which of the child's personal needs or wants should be met from his or her excess personal income.
11. Parents will be encouraged and assisted to participate in planning for the child's vacation and for extended trips. Children placed on "Agreements for Foster Care" shall make extended trips or vacations only with parental consent.
12. Parents will be encouraged and assisted to participate with the child and foster care provider in deciding whether extreme clothing and hair styles that the child wishes to wear are to be allowed. The decision reached is to be respected in all situations, except that children may not be permitted to wear clothing or hair styles to school that violate school policies.
13. Parental consent must be obtained for a child to engage in an activity involving an explicit risk (e.g. hunting, driving, football, etc.). If the parent is unavailable, unable or unwilling to give informed consent and it is felt the activity is in the best interest of the child or meets a child's needs, the court may be petitioned to make the decision or to specifically authorize the Department to do so. If the Department is authorized to give consent, the decision shall then be made in collaboration with the child and foster care provider.
14. Parents will be promptly informed of allegations of abuse or neglect of their child while the child is in out-of-home care and of the disposition of any report and the reasons for the disposition.
15. Parents will be involved in the decision to change their child's placement. Normally placement changes will be made as a result of ISP planning, with the participation of the child's parents. In the rare occasion when there is a need for emergency placement change, the parents will be notified immediately and included in the decision making when possible. Parents will be immediately sent written notice when any change of placement occurs, whether planned or unplanned.

VII. PARTNERSHIPS BETWEEN DHR AND PROVIDERS

A. Overview

All providers will be treated as partners with DHR and supported by DHR in providing services. Providers will be encouraged and assisted to participate in the child's and family's goal setting and to recognize family achievements through membership in the child and family planning team and through activities identified in the ISP. Providers will be supported and encouraged to build strong positive relationships with the child and family and between themselves, and to serve as role models for the child and family to help make the achievement of goals possible.

Services will often be provided by the family's natural support system, (e.g., relatives, friends, neighborhood individuals or groups, civic organizations or volunteers). These "natural helpers" may need special assistance or support to be partners with DHR.

Foster care providers have a special role because they provide a temporary substitute home for a child. To promote partnership with foster care providers, DHR workers will encourage and assist them to articulate their strengths and needs with respect to caring for a child, to identify services required to permit them to meet the child's and the child's family's needs, and to obtain the needed services.

B. The Role of DHR in Promoting Successful Partnerships

The following practices will be followed in support of and in commitment to a successful partnership between DHR and providers, including foster care and service providers. These practices support the child and his or her family in the achievement of Decree goals including the selected permanency goal:

1. Providers will be effectively informed of the rights and entitlements of children and their families under the R.C. Consent Decree.
2. The handout entitled "Rights, Responsibilities and Rewards of Foster Parents" will be given to the foster parent at an early point of contact, (e.g., GPS training, home visit or at time of approval or reapproval).
3. Providers will be informed of organizations and resources available to support and advocate for them.
4. The DHR worker will assist providers in accessing needed resources as identified in the ISP in a timely manner.
5. Referrals to providers will be based upon the child's and family's strengths and needs and matching those strengths and needs to the provider's strengths, skills, and interests, and in consideration of their capacity to preserve and nurture the child's and family's cultural identity and heritage.
6. Consistent with confidentiality policy, relevant health, educational or other information as appropriate will be shared with providers to promote informed decision making.

7. Providers will be encouraged and assisted to actively participate in ISP meetings involving a child or family in their care or receiving their service. They will be consulted regarding the scheduling of child and family planning team meetings and will be given reasonable advance notice of meetings. Foster parents will be provided with concrete services (e.g., transportation, mileage reimbursement, child care, etc.) to promote their participation.
8. Foster care providers will be assisted as needed to facilitate shared parenting with the child's family, especially in the following areas:
 - a. Assistance in clarifying expectations with the parents and family regarding their visiting, talking on the telephone with the child, and undertaking significant parenting responsibilities;
 - b. Assistance in planning and supporting visits between the child and family (visits do not require the worker's presence);
 - c. Assistance in encouraging and supporting the child's parents as they undertake significant parenting responsibilities for the child in such areas as grooming, feeding, helping with school work and after school care, taking the child on outings, and other activities affecting the child's daily life; and
 - d. Assistance in collaborating with parents to develop and implement appropriate disciplinary techniques for the child.
9. Foster care providers will be informed in writing of the specifics of any allegation of maltreatment of a child in their care, whether or not the provider is alleged to be responsible. If the alleged perpetrator is a foster parent, the parent will be informed of the Foster Allegations Support Team (FAST), its goals of peer support and advocacy, and its toll-free telephone number. Disposition of the report will be made known in writing to the foster parent or staff person. If the alleged perpetrator is a foster parent or staff person of a residential facility, and the disposition of the allegation is determined to be indicated, the foster parents or staff person will be provided written notice of the appeal process. The confidentiality of the report(s) and the reporter(s) will be protected in accordance with federal and state law.
10. Training, evaluation and consultation will be provided as needed to clarify and support the DHR foster parents' roles by among other things:
 - a. Group Preparation and Selection (GPS) training and individual training to prepare the foster parent to meet a child and family's unique needs through understanding:
 - (1) the goals and principles of the system of care,
 - (2) individualized needs-based planning and service delivery,

- (3) the rights of children and their families,
 - (4) the separation and loss experienced by children removed from their families,
 - (5) the effects of and ways to minimize multiple placements,
 - (6) the role of foster parents in working with the child and family planning team to develop, implement and monitor individualized service plans,
 - (7) the role of foster parents in reunification of a child with his or her family.
 - b. Regularly scheduled re-approval conferences in which rights and responsibilities will be clarified, and strengths, needs and services to meet those needs will be identified.
 - c. Child and family planning team meetings, and ad-hoc conferences as requested by foster parents or DHR worker to promote more effective practice.
11. Training, evaluation and consultation will be provided as needed to clarify and support the residential provider's roles and responsibilities by among other things:
- a. Regularly scheduling conferences during the license renewal process in which strengths and needs will be identified.
 - b. Working with staff of residential programs to identify and meet training needs concerning, but not limited to the following:
 - (1) the goals and principles of the system of care,
 - (2) individualized needs-based planning and service delivery,
 - (3) the rights of children and their families,
 - (4) the separation and loss experienced by children removed from their families,
 - (5) the effects of and ways to minimize multiple placements,
 - (6) the role of residential providers in working with the child and family planning team to develop, implement and monitor individualized service plans,
 - (7) the role of residential providers in reunification of a child with his or her family.
 - c. Working with residential programs to identify and meet training needs of their staff concerning crisis resolution, restraints and seclusion, and dispensing, storing and disposing of medication.

- d. Scheduling child and family planning team meetings and ad-hoc conferences as requested by the residential provider or DHR worker to promote more effective practice.
12. Training, evaluation and consultation opportunities will be provided as needed to support non-residential providers in serving children and families and to clarify their roles as partners with them.
13. The foster care provider will be encouraged and supported to prepare the child for the move from their home or facility. Foster care providers will participate in planning moves of children from their care, and in carrying out such moves in accordance with the ISP. These moves include reunifications with family, moves within foster care, and adoptive placements.
14. A former provider's contact with the child who was in the provider's care or who received services from the provider will be facilitated after moves or after the conclusion of service delivery if desired by the child when it is consistent with visiting and mail and telephone policy.

C. The Role of Providers in Promoting Successful Partnerships

The following practices will be followed to promote successful partnerships between providers, the child and family served, and other child and family team members. These practices support the child and his or her family in the achievement of Decree goals, including the selected permanency goal.

1. Providers will accept referrals based upon their ability to provide services to meet the identified needs of the individual(s) referred, including the family members' needs for preservation and nurturance of their cultural identity and heritage.
2. Providers will actively participate in ISP meetings involving a child and/or family member receiving their service or in their care.
 - a. When team members are unable to negotiate a meeting schedule that will allow a particular provider to attend a given meeting, that provider will participate via conference call, written reports or other means of communication.
 - b. When written documentation of a child and family planning team meeting is not consistent with the attendee provider's understanding, that provider should contact the DHR worker or team facilitator immediately to bring the inconsistency to his or her attention and to reach resolution.
3. Consistent with confidentiality policy, providers will share relevant health, education, and/or other information with child and family team members to promote their informed decision making.
4. Providers will give reasonable advance notice to the DHR worker of meetings they sponsor to plan or evaluate services for the child or family.

They and the DHR worker will agree upon who will be responsible and how to give notice in advance of the meeting to the age appropriate child, family and any child or family advocates.

5. Providers will request assistance from DHR when needed in order to meet needs they have identified for additional training opportunities to support their partnership with children and families.
6. Providers will meet needs in a safe, nurturing, predictable environment, modeling healthy, supportive interpersonal relationships with the child and family.
7. Providers will assist parents in planning and carrying out activities that provide a level of routine parenting activity sufficient to sustain the parent and child relationship and to support the attainment of the permanency goal, unless restricted by the child and family planning team. Routine parenting functions include activities such as: (1) performing daily care responsibilities such as bathing, feeding, dressing of children, (2) helping with homework, (3) attending school functions and conferences with the child, (4) transporting or going with the child to a medical appointment, (5) taking the child shopping, for a haircut or for other personal care, or (6) taking the child on family or recreational outings such as church, picnics, walks, cookouts, family holidays and reunions.
8. Foster care providers will participate in planning moves of children from their care, and in carrying out such moves in accordance with the ISP. This may include reunification with family, adoptive placement, or a move within foster care.
9. Providers will give the child, his or her parents and the other members of the child and family planning team, including the DHR worker, sufficient advance notice of their intention to withdraw a service or discharge a child from a placement to permit the child and family planning team to plan and provide an appropriate alternative service or placement upon withdrawal of service or discharge of the child.
 - a. A child and/or family member may have services withdrawn summarily or a child may be discharged from a placement summarily only under the following circumstances:
 - (1) summary withdrawal or summary discharge is necessary to protect an individual's safety, and protection cannot be provided through the provision of additional services.
 - (2) a medical emergency exists which makes it necessary to terminate services or discharge a child from the home or facility.
 - b. The provider summarily withdrawing a service or summarily discharging a child from placement, along with a DHR worker,

will formally review the summary withdrawal of service or discharge from placement. The provider will prepare a report for the review which includes (1) the events or circumstances leading to the summary withdrawal or discharge, (2) the steps taken to avoid summary withdrawal or discharge, including steps taken to provide services acceptable to the child and/or family member(s) served, (3) why those steps failed, (4) a statement of the child's or family's continuing needs and (5) recommendations for meeting those needs. The DHR worker will obtain input as appropriate from other child and family planning team members. A written report will be completed by the DHR worker reflecting the findings of the review. This report will include any information submitted by the provider at the time of the review. This report shall be given to the provider, to the parent(s), to the family member(s) and age appropriate child from whom service or care was withdrawn and to the individual members of the child and family planning team, with a copy filed in the DHR family record.